

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

27242

Registration District No. 64313Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child George Lee If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) AGE 2 (5) Number in order of birth 2 (6) Are Parents Married No (7) DATE OF BIRTH 4 20 73
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Lee
 (9) PRESENT POSTOFFICE OF FATHER Sheldon
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Sheldon SC
 (13) OCCUPATION Rubber work
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elie Davis
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Sheldon
 (19) OCCUPATION Rubber work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phelia Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed (28) (29) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.